

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043596

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 264

Primary Registration District No. 5888

Registrar's No. 48

FILED NOV 19 1962

VS 300  
Rev. 4/59

10770

20770

3

4 0

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94201

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1270-0

133-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Ozark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Ozark</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bridges Twp</u>		c. CITY OR TOWN <u>Grinesville Mo.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If outside, give location) <u>4 Mile West on 160</u>	
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Earther</u> Last <u>Sanders</u>		4. DATE OF DEATH Month <u>Nov.</u> Day <u>11</u> Year <u>1962</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-7-1890</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own</u>	
11. BIRTHPLACE (City and state or country) <u>Mammoth Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Sanders</u>		13b. MOTHER'S MAIDEN NAME <u>Martha T. Mahan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT <u>Lois Schofield</u> Address <u>Theodora Ma</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial infarction</u> DUE TO (b) <u>coronary artery occlusion</u> DUE TO (c) <u>arteriosclerosis coronary artery</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>HAD long standing AV heart block</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour <u>11:00</u> a.m. p.m. Month, Day, Year <u>7-8-62</u>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <u>Pontiac Mo.</u>		COUNTY <u>Pontiac</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>7-8-62</u> to <u>11-11-62</u> and last saw him/her alive on <u>11-9-62</u> Death occurred at <u>11:00 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Arthur L. Beard Jr.</u> (Degree or title)		22b. ADDRESS <u>Grinesville, Mo.</u>	
22c. DATE SIGNED <u>11-16-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11-13-62</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Pontiac Mo.</u>		23d. LOCATION (City, town, or county) (State) <u>Pontiac Mo.</u>	
24. FUNERAL DIRECTOR <u>Clinkingbeard</u> ADDRESS <u>Grinesville</u>		25. DATE RECD. BY LOCAL REG.	
26. REGISTRAR'S SIGNATURE <u>Barbara Shaw</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*John R. Chrey*

Licensed Embalmer No.

*2885*

P. O. Address

*Camdenville Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.